

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | M | | 6-13-01 |
| O.I.P.E. CLASSIFIER | | 49 | 6/22/01 |
| FORMALITY REVIEW | AP | 11.0 | 5-6-01 |
| RESPONSE FORMALITY REVIEW | 01 | 8-5 | 10/10/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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TC # 110

1809 6081 58525-931 10/01/01 10/01/01